TGIF Nights' Registration Form

Family Information

Please PRINT CLEARLY

Family Last Name:		Today's Date:		
Parent/Guardian's Name	e:			
Address:				
Number and Street		Town	State/Zip	
Home #:	#: Work #:		Cell #:	
Email:				
		Phone:		
		s Information INT CLEARLY*		
Participant's Name:		DOB:		
Allergies or Medical Con	cerns:			
School:		Grade:		
Which TGIF Night will yo	ou be		rticipant/per	
attending?		event Cash		
November 13 th (6 th grade ONLY)		Cash Check (made out to Town of Needham)		
December 4 th (7 th	and 8 th		4V- 4D	
grade ONLY)		Needham Park and F nam Avenue Needham, eedhamma.gov/parkand	MA 02492	